

**IN THE UNITED STATES PATENT
AND TRADEMARK OFFICE**

Applicant(s): Zimmer et al.)	I hereby certify that this paper is
)	being electronically deposited with
)	the United States Patent and
Serial No.: 10/608,326)	Trademark Office on this date:
)	
)	
Filed: June 27, 2003)	
)	
)	May 31, 2007
For: METHODS AND APPARATUS TO)	
PROVIDE SECURE FIRMWARE)	
STORAGE AND SERVICE ACCESS)	<u>/Mark C. Zimmerman/</u>
)	Mark C. Zimmerman
)	Registration No.: 44,006
Group Art Unit: 2136)	Attorney for Applicant(s)
)	
)	
Examiner: Chinwendu C. Okoronkwo)	

**AMENDMENT TRANSMITTAL WITH
PETITION FOR EXTENSION OF TIME**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is a response to the Office action dated January 31, 2007,
pending in the above application.

1. Small Entity Status

- ☐ Verified statement(s) claiming small entity status is(are) attached.
- ☐ Small entity status has been established and is still effective.
- ☒ Has not been established.

2. Extension of Time

- ☐ This is a petition for an extension of time under 37 CFR 1.136 for the total number of months checked below:

EXTENSION (Months)	FEE FOR LARGE ENTITY		FEE FOR SMALL ENTITY	
One Month		\$120.00		\$60.00
Two Months	X	\$450.00		\$225.00
Three Months		\$1020.00		\$510.00
Four Months		\$1,590.00		\$795.00
Fifth Month		\$2,160.00		\$1,080.00

If an additional Extension of Time is required, please consider this a petition therefor.

Extension Fee: \$450.00

- ☐ An extension for _____ month(s) has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Deduction: \$

Extension Fee Due With This Request \$450.00

3. Fee for Claims

- ☒ No additional claims at this time.
- ☐ The fee for additional claims [(37 CFR 1.16(b)-(d))] has been calculated as shown below:

				SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee
TOTAL		MINUS		=	x25=	\$	x50=
INDEP.		MINUS		=	x100=	\$	x200=
First Presentation of Multiple Dependent Claim					+180=	\$	+360=
TOTAL ADDITIONAL FEE					\$	OR	\$

4. Method of Payment of Fees

- ☒ Electronic Funds Transfer in the amount of: \$450.00
- ☐ Attached is a check in the amount of: \$
- ☐ Charge Deposit Account No. 50-2455 in the amount of: \$ _____

5. Deposit Account and Refund Authorization

The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 1.17 to Deposit Account No. 50-2455.

Please refund any overpayment to Hanley, Flight & Zimmerman, LLC at the address below.

Respectfully submitted,

HANLEY, FLIGHT & ZIMMERMAN, LLC
USPTO Customer Number 34431
150 South Wacker Drive
Suite 2100
Chicago, Illinois 60606
(312) 580-1020

By: /Mark C. Zimmerman/
Mark C. Zimmerman
Registration No: 44,006

May 31, 2007